Application Data Sheet Application Information

Application number::	
Filing Date::	•
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
S quence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CFR::	
Title::	TELEPRESENCE SYSTEM AND METHOD FOR VIDEO
,	TELECONFERENCING
Attorney Docket Number::	FXA2008
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	11
Small Entity?::	No
Latin name::	·
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	

Contract or Grant Numbers:: Secrecy Order in Parent Appl.?:: Applicant Information Applicant Authority Type:: Inventor **Primary Citizenship Country::** US Status:: **Full Capacity** Jonathan **Given Name::** Middle Name:: T. Family Name:: Foote Name Suffix:: **City of Residence::** Menlo Park **State or Province of Residence::** California **Country of Residence::** US Street of mailing address:: 450 Laurel Street City of mailing address:: Menlo Park California State or Province of mailing address:: Country of mailing address:: US Postal or Zip Code of mailing address:: 94025 **Applicant Authority Type::** Inventor **Primary Citizenship Country::** US Status:: **Full Capacity Given Name::** John Middle Name::

Family Name::

Name Suffix::

Adcock .

City of Residence:: Menlo Park

State or Provinc of Residence:: California

Country of Residence:: US

Street of mailing address:: 434 Laurel Street

City of mailing address:: Menlo Park

State or Province of mailing address:: California

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Qiong

Middle Name::

Family Name:: Liu

Name Suffix::

City of Residence:: Milpitas

State or Province of Residence:: California

Country of Residence:: US

Street of mailing address:: 44 Jacklin Place

City of mailing address:: Milpitas

State or Province of mailing address:: California

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95035

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Timothy

Middle Name:: E.

Family Name:: Black

Name Suffix::

City of Residence:: Los Gatos

State or Province of Residence:: California

Country of Residence:: US

Street of mailing address:: 21392 Madrone Drive

City of mailing address:: Los Gatos

State or Province of mailing address:: California

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95033

Correspondence Information

Correspondence Customer Number:: 23910

Phone number:: (415) 362-3800

Fax Number:: (415) 362-2928

Email address:: [MRobbins@fdml.com]

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::